**HEALTH SERVICE REGION 1** 

# Preparedness Planning Review

### **Hurricane Keep Region Busy**

It was business as usual and then in early September there were reports of a very powerful hurricane heading towards New Orleans, LA. The hurricane, named Katrina, arrives with much force in New Orleans as well as some cities in Mississippi. Many people have lost their homes and need to be evacuated. The cities of Lubbock and Amarillo were called upon to shelter some of the evacuees.

### City of Lubbock

Four hundred and eight (408) evacuees arrived in Lubbock on September 4, 2005. All evacuees were triaged at the airport for urgent medical needs.

ries or illnesses were trans- appropriate areas. For exported to the local hospi- ample, an individual inditals. The rest of the evacu- cating they were HIV posiees were taken to Reese tive were linked up with Technology Center (RTC), HIV counselors located in which is located approxi- the intake facility. mately 6 miles NW of the were then directed to the city of Lubbock. RTC used medical clinic that was set

was closed in 1992/1993. After arriving at RTC, the evacuees went through a secu-

rity check, which was set The medical clinic had an up in the base theater.

gym. Here the evacuees received a needs assess-

Those having serious inju- ment and were directed to to be an Air Force Base that up and manned by staff

from Texas University Science Center as well as volunteers from other agencies.

immunization clinic and a pharmacy so folks could After going through secu- receive necessary inocularity, the evacuees were tions and prescription taken to the intake facility, medicines. After the evacuwhich was set up in the ees went through the entire

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### **INSIDE THIS ISSUE:**

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Statewide SNS Exer-



**New Surveillance System Coming to Region 1** 



By Dr. Connie Lindley

In the last issue of the *Pre*paredness Planning Review it was mentioned that Health Service Region 1 (HSR1) will began to utilize a new syndromic surveillance system. The new system, Syndrome Reporting Information System<sup>TM</sup> (SYRIS) will take the place of the Rapid Syndromic

Validation Project (RSVP).

SYRIS is a JAVA-based, out the region. platform independent sysrequire a Web browser reporting suspicious ing and data sharing for medical professionals and school nurses.

puters in twenty six (26) hospital emergency rooms and approximately fifty four (54) schools through

tem that runs on most PCs SYRIS provides a fast, reliand laptops, and does not able, portable method for SYRIS supports two-way novel symptoms that may disease information report- be part of a known disease or disease-complex.

SYRIS functions mainly as a data integration tool: data Currently HSR1 has com- from all SYRIS users is

(Continued on page 3)Directors

Health Service Region 1

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## **Second Hurricane Brings Evacuees Back to the** Region

**H**urricane Rita was a destructive hurricane that affected the gulf coast in Texas and Louisiana just weeks after hurricane Katrina. The citizens who evacuated for the first hurricane (Katrina) were forced to evacuate again for the second hurricane. Houston, Corpus Christi, Galveston, Beaumont/Port Arthur, and other Texas coastal cities were evacuated before the hurricane. Hotels all across the state were filled to capacity, as were special needs shelters.

The damage from the hurricane caused electrical power outages, gas shortages, lack of running water, and non functioning sewer treatment plants. The Texas Department of State Health Services (DSHS) along with many Emergency management officials across the state responded to these events. Of the populations evacuated, those with special needs, whether those needs were

The DSHS Emergency Support Center in Austin was up and running from September 21-29, 2005 24 hours per day. Because of this great effort,

clinical or mental, proved to be the greatest challenge.

DSHS Central Office called for help from the DSHS Regional offices that were not directly affected by the hurricane. Five Health Service Region 1 (HSR1) staff were deployed to work with DSHS Austin Emergency Service Center and at the State Operations Center from September 21 to 30, 2005. These individuals gained valuable experience on state opera- Plans were if the Coliseum became state.

**Lubbock Operations** 

out of Harris County. Two more vide support to the City of Lubbock planes were scheduled to land at and the Reese shelter during the 11:00 a.m. and 4:30 p.m. A total of hours of 10 p.m. on the September 771 evacuees were on the ground in 22, 2005 through 8:00 a.m. on the Lubbock. 500 evacuees were shel- September 23, 2005.

#### "Storm Structure"

The process by which a disturbance forms and subsequently strengthens into a hurricane depends on at least three conditions. Warm waters and moisture are mentioned above. The third condition is a wind pattern near the ocean surface that spirals air inward. Bands of thunderstorms form, allowing the air to warm further and rise higher into the atmosphere. If the winds at these higher levels are relatively light, this structure can remain intact and allow for additional strengthening.

The center, or eye, of a hurricane is relatively calm. The most violent activity takes place in the area immediately around the eye, called the eyewall. At the top of the eyewall (about 50,000 feet), most of the air is propelled outward, increasing the air's upward motion. Some of the air, however, moves inward and sinks into the eye, creating a cloud-free area.

tered at Reese Technology Center, day, October 4th. No other evacuees which was the capacity of the Reese remain in Lubbock. facility. 247 were sheltered at the Lubbock Coliseum which has a maxi- Amarillo Operations mum capacity of 300. Special needs were as follows; 8 were hospitalized, 5 required dialysis, 16 were placed in nursing homes and 7 required respite

tions and requisition for Special full the following shelters had been Needs Shelters, oxygen containers, identified; Lubbock Civic Center dialysis. The shelters met all special transportation needs, and other re- (1200 maximum), Gaston Hall at needs. quests. This also enabled communi- Texas Tech (250 maximum), Posey cation back to HSR1 on events and Elementary School (35 maximum), happenings occurring throughout the City of Plainview (75 maximum), Lubbock Christian University (500 HSR 1 support. A call down with a

Eight planes landed with evacuees very short notice was required to pro-

The City of Lubbock operated and staffed the shelters opened at Reese Technology Center and the Coliseum. Lubbock, in conjunction with Lubbock Regional MHMR and the Red Cross, made all arrangements to transfer special needs patients back to the facility and/or area they came from. Lubbock sent 8 bus loads of evacuees back to Houston on September 25, 2005 and they arrived in the morning at 7:45 a.m. Lubbock made arrangements to fly back some medically fragile evacuees to Baytown. Lubbock, working with local authorities in the receiving area, ensured it was okay for evacuees to return to

> Baytown and that they have medical needs attended to.

> No additional evacuees were received in Lubbock after September 26, 2005. The nursing home folks, received on September 26th, were returned to Baytown on Tues-

One plane landed with 167 evacuees. One additional aircraft was expected but did not arrive. Most of these evacuees were sheltered at the Amarillo Civic Center. Special needs were as follows; 3 patients on ventilators, 3 medical/surgical patients and 1 on

HSR 1 Canyon staff met with Medical team and local health authority, Dr. Pierce, to coordinate medical remaximum). Reese shelter received sponse for the evacuees. There was a conference call between medical team

(Continued on page 3) Hurricane Rita

### **HSR 1 Staff Participates in Statewide SNS Exercise**

 ${f T}$ he Health Services Region 1 (HSR1) Public Health Preparedness (PHP) and Epidemiology Response Team (ERT) staff participated in a two (2) day statewide exercise designed to test the state's ability to respond to a large-scale public health emergency with an emphasis placed on the state's ability to effectively request, manage, and deploy Strategic National Stockpile (SNS) assets.

The exercise included the direct involvement/participation of Department of State Health Services • (DSHS) Regions 2/3 (Arlington), 4/5 (Tyler), 6/5 South (Houston), and 7 (Temple). In addition, DSHS staff were pulled into participate in the exercise from the other DSHS regions throughout the state.

HSR1 staff served in a wide range of capacities during the exercise including:

Controller/Observers

- Public Information Officer(s) in HSR Command Center
- Patient Volunteers
- Receiving, Staging and Storing (RSS) Leads at the RSS
- Community Resource Leads

HSR 1 staff found that the exercise reflected many strengths such as, Offloading of the SNS was completed in record time at the RSS (36 minutes) and security was handled extremely

well and efficiently at the Regional Command Centers, dispensing sites, and the RSS. All participants exhibited a willingness to work together as a team in order to accomplish the overall objectives of the exercise. The exercise also established that there is room for improvement and the After

> Action Reports provided by all participants proved to be beneficial to every-

For more information on SNS you may contact Claudia McQueen at 806-

767-0408 claudia. or email: mcqueen@dshs.state.tx.us or Jean Becerril at 806-767-0302 or email: jean becerril@dshs.state.tx.us.

#### (Continued from page 2) Hurricane Rita

and three major hospitals every 4 provided transportation back to hours to give updates and relay their residence. There were 9 people needs. This continued until Septem- that the Local Health Authority was ber 26, 2005 when no further evacu- concerned about having special ees were deployed to Amarillo.

Canyon Office and switchboard was opened to assist with contacting Regional hospitals for bed and ICU capacity to address forward movement of patients if necessary. Regional staff contacted hospitals and provided updates on number and condition of evacuees Both Amarillo and Lubbock proand acquired info from each hospital vided facilities and equipment to at least twice a day. HSR1 also pro- house evacuee's pets. vided communication resources so hospitals could call in with updates For more information on DSHS and/or to ask for information.

tember 26, 2005. The Red Cross connie.lindley@dshs.state.tx.us. gave gas vouchers to purchase fuel for those that arrived by car. Those that arrived by air were loaded onto

a Continental Flight to be flown back to Houston. The Red Cross in members, local health authorities, Houston met these evacuees and needs. This included oxygen, wheelchairs and mental health issues. The Amarillo Local Health Authority contacted the Medical Command Center in Houston and relayed this information to them so they can provide assistance when these folks arrive back in Houston.

HSR1's response to the Rita efforts please contact Dr. Lindley at 806-Amarillo closed its shelter on Sep- 655-7151/806-767-0484 or email:

### (Continued from page 1) Director's Notes

summarized for HSR1 to view as temporal graphs and map layers. SYRIS greatly facilitates identification of epidemic disease factors and locations, and also provides a means of distributing medical alerts to all SYRIS us-

Remember, Syndromic surveillance is a wonderful tool for monitoring potentially infectious syndromes, however it is only as good as the data provided to us. We need to continue to encourage our schools and hospitals to enter their syndromic data.

DSHS HSR1 appreciates everyone's commitment in making the transition to the SYRIS program as effortless as possible.

Dr. Lindley can be contacted at 806-655-7151/806-767-0484 or email: connie.lindley@dshs.state.tx.use.

### **Health Service Region 1 Region 1 Administration**

Dr. Nick Curry Regional Director

Barry Wilson Deputy Regional Director

Dr. Connie Lindley Director Public Health **Preparedness** 

#### **Public Health Preparedness/ Epidemiology Response Team Staff**

Dr. Connie Lindley—Director 806-655-7151 ext. 214 Tim McGaughy-Information Specialist 806-655-7151 ext. 240 Sandra Perez—Public Health Tech 806-767-0486 David Dickerson—Program Specialist 806-655-7151 ext. 210 Claudia McQueen—SNS Coordinator 806-767-0408 Jean Becerril—Program Specialist 806-767-0302 Janice Dennis-Epidemiologist 806-767-0406 Sarah Hays—Public Health Tech 806-767-0319

> **Check Out our Web Site!** www.dshs.state.tx.us/ region 1

???????????????? Do you have a question/comment??????!

If you do please contact Sandra Perez at email-sandra. perez@dshs.state.tx.us or fax number 806-741-1366. number 806-741-1366. ? ? ? ? ? ? ? ? ?

### (Continued from page 1) Hurri-

American Red Cross were ity. bock Coliseum, which can any special needs. handle approximately 500 more.

Social Services agencies activities beginning Friday, relatives or adequate houswere present at RTC to September 2, 2005 through ing in the area. provide needed services. the next week. Activities Lubbock City held a job included: Meeting with Overall, at least three con-

evacuees. Tech University Health Science Center manned a medical clinic on site from 6 p.m.—9 p.m. Covenant Health Care provided a mobile dental unit to address dental emergencies.

DSHS HSR1 staff in the Lubbock Regional Of-health fice provided support at the authority, Dr. Pierce, to facility over the weekend. coordinate There were 142 individuals sponse for the evacuees, personnel and activities as identified as special needs There was a conference call requested. HSR1 Response clients and all of their between medical tember 14, 2005 the Lubbock shelter closed as all hospitals every 4 hours to Emergency Operations those in the shelter have been relocated to relatives or available housing.

### City of Amarillo

Amarillo received evacuees on September 4, 2005.These individuals went through a similar process that took place in Lubbock. They were being sheltered in the Amarillo Civic Center, which has a capacity to handle 500.

intake process, they were Texas Tech Health Science each hospital at least twice given ID badges, taken by Center in Amarillo, local a day. HSR 1 Regional bus to shower facilities and physicians, nurses, and staff also provided commuthen transported to the medical staff in the Ama- nication resources so hospishelter area, everything rillo area. All Red Cross tals could call in with upbeing located at RTC. volunteers and medical dates and/or to ask for in-Some points of interest: staff were credentialed formation. Lubbock City and the prior to entering the facil- great regional response. operating the facilities at folks with special needs Connie Lindley, Director The facility has a but family and friends of Region 1 Public Health capacity to handle up to picked them up to address Preparedness, 590 evacuees. If more than their needs. According to and thanked DSHS for our that arrive, plans were to Amarillo, none of the re- efforts and resources. shelter them in the Lub- maining 115 evacuees had

was involved with Katrina ryone had been relocated to fair on site at RTC for the Medical team and local ference calls were held

Katrina Tracking History ment, Public Informa-

needs were met. As of Sep- members, local health au. Region 1 was in constant thorities and three major communication with the give updates and relay Centers in each location needs. This continued un- via email or telephone. til September 6, 2005 when Any needs or issues that no further evacuees were came up were quickly addeployed to Amarillo.

> and switchboard opened to assist with contacting Regional hospitals For more information on for bed and ICU capacity to DSHS HSR1's response to address forward movement the Katrina efforts please of patients if necessary. contact Dr. Lindley at 806-Regional staff contacted 655-7151/806-767-0484 or hospitals and provided up- email: connie.lindley@dshs. dates on number and con- state.tx.us.

> Medical staff was provided dition of evacuees and acby the local hospitals, quired information from Amarillo had some Dr. Pierce contacted Dr.

> Amarillo shelter closed at approximately 8:00 p.m. on DSHS HSR1 in Canyon September 13, 2005 as eve-

daily with Disaster District Committee/ Emergency Management. DSHS State Operations Center. DSHS Epidemiology Response Team, Immunizations, and others through out the week. Region responded by providing nurses if needed, communication

tion Officer. DSHS medical re- liaison officer and other team went well in both areas. dressed. Also, both Amarillo and Lubbock provided DSHS HSR1 Canyon Office facilities and equipment to was house evacuee's pets.